

Bioterrorism Preparedness for the Sentinel Laboratory

Registration

- Fee: \$25.00 (payable to APHL)
- Registration and refund deadlines: September 22, 2006.
- Register online at <http://www.nltn.org/courses>.
If you have difficulty with the online registration process, please telephone 510-412-1400 or send an e-mail to poffice@nltn.org. If you do not receive an e-mail confirmation after completing the online registration form, please contact our office immediately.
- Or submit your completed application form to
*National Laboratory Training Network
850 Marina Bay Parkway, E164
Richmond, CA 94804*
- Or by Fax to 510-412-1412.

Special Needs

In compliance with the Americans with Disabilities Act (ADA), individuals requiring special accommodations should notify the NLTN office at 510-412-1400 at least two weeks prior to the workshop.

Continuing Education Credit

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 6.0 contact hours.

588-643-06 Reno, NV

National Laboratory Training Network
850 Marina Bay Parkway, E164
Richmond, CA 94804
<http://www.nltn.org>

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*National Laboratory Training Network
Quality Laboratory Practice Through Continuing Education*

Bioterrorism Preparedness for the Sentinel Laboratory



October 5, 2006
Reno, NV

Sponsored by
**Nevada State
Health Laboratory
and
National Laboratory
Training Network**



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Bioterrorism Preparedness for the Sentinel Laboratory

Description	Agenda	Faculty
<p>This wet workshop is designed to provide practical, hands-on training for sentinel clinical laboratory scientists to recognize critical agents of bioterrorism. Participants will learn the Laboratory Response Network sentinel laboratory protocols for ruling-out suspect agents by laboratory demonstrations of culture, staining, and biochemical characteristics of agents of bioterrorism. Overviews of the Laboratory Response Network and safety implications will be discussed.</p> <p>Objectives</p> <p>At the conclusion of this workshop, participants will be able to</p> <ul style="list-style-type: none">• discuss the role of the clinical laboratorian in the presumptive identification of suspect agents of bioterrorism;• explain the safety implications of handling suspect bioterrorism organisms in clinical specimens and isolates;• describe the clinical presentation and biochemical characteristics of <i>Bacillus anthracis</i>, <i>Brucella</i> spp., <i>Burkholderia</i> spp., <i>Francisella tularensis</i>, and <i>Yersinia pestis</i>; and• outline the process for referring suspect organisms to the Nevada State Health Laboratory. <p>Audience</p> <p>This intermediate-level workshop is designed for laboratorians who handle clinical specimens and cultures.</p>	<p>8:00 a.m. Registration</p> <p>8:30 a.m. Introduction</p> <p>8:45 a.m. Lecture: The Laboratory Response Network, Safety in the Laboratory, Agents of Bioterrorism</p> <p>10:00 a.m. Break</p> <p>10:15 a.m. Lecture: Agents of Bioterrorism (Continued), Referral Process</p> <p>11:45 a.m. Lunch</p> <p>12:30 p.m. Laboratory Exercises: Agents of Bioterrorism</p> <p>2:00 p.m. Break</p> <p>2:15 p.m. Laboratory Exercises (Continued)</p> <p>4:00 p.m. Q & A/Evaluation</p> <p>4:30 p.m. Adjourn</p> <div><p><i>The National Laboratory Training Network is a training system sponsored by the Association of Public Health Laboratories (APHL) and Centers for Disease Control and Prevention (CDC).</i></p><p>http://www.nltn.org</p></div>	<p>Christina Hartman, Emergency Preparedness and Response Coordinator, Nevada State Health Laboratory, Reno, NV.</p> <p>Robert Hoffman, MS, SM (NRM), Microbiology Supervisor, Nevada State Health Laboratory, Reno, NV.</p> <p>Karen Mulawski, MT(ASCP)SC, Health Scientist, Training and Curriculum Services Division, Centers for Disease Control and Prevention, Atlanta, GA.</p> <p>Mendi Nisbet, MT, Microbiologist III, Nevada State Health Laboratory, Reno, NV.</p> <p>Ben Owens, MS, CIH, Chemical Hygiene Biosafety Officer, University of Nevada, Reno, NV.</p> <p>Lisa Southern, MT (ASCP), CLS, Microbiologist III, Nevada State Health Laboratory, Reno, NV.</p> <p>Location</p> <p>Nevada State Public Health Laboratory 1660 North Virginia Street Reno, Nevada 89503</p> <p>Parking instructions will be sent to participants after receipt of registration form and payment.</p>

**National Laboratory Training Network
Registration Form**

(Please type or print.)

Training Event Title: Bioterrorism Preparedness for the Sentinel Laboratory **Event Type:** Wet Workshop

Event Code: 588-643-06 **Date:** October 5, 2006 **Location:** Reno, NV

Applicant Information:

(Dr./Mr./Miss/Ms./Mrs.)

Title: _____ First Name: _____ M.I. _____ Last Name: _____

Position Title: _____ State Licensure Number (If applicable): _____

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

City: _____ State/Country: _____ Zip/Postal Code: _____

Work Phone Number: _____ Work Fax Number: _____

E-mail Address: _____ (E-mail future training event notifications? Please circle, YES or NO.)

Signature of Applicant: _____ **Date:** _____

(Please review all options in the three categories before circling the one most appropriate in each category.)

Occupation		Type of Employer	
Physician	01	Health Department (State or Territorial)	01
Veterinarian	02	Health Department (Local, City or County)	03
Laboratorian	04	Government (Other Local, not City or County)	04
Nursing Professional	05	Centers for Disease Control and Prevention	05
Sanitarian	06	U.S. Food and Drug Administration	09
Administrator	08	U.S. Department of Defense	11
Safety Professional	11	Veterans Administration Medical Center/Hospital	12
Educator	13	Other (Federal Employer) _____	15
Epidemiologist	14	Foreign	16
Environmental Scientist	15	College or University	19
Other _____	12	Private Industry	21
		Private Clinical Laboratory	23
		Physician's Office Laboratory/Group Practice	24
		Hospital (Private Community)	17
		Hospital (Other)	33
		State Funded Hospital	25
		City or County Funded Hospital	26
		Health Maintenance Organization	28
		Non-profit	31
		Unemployed or Retired	32
		Other _____	30
Education Level (Highest Completed)			
Degree			
Associate	04		
Bachelor	05		
Masters	06		
Doctoral (M.D.)	07		
Doctoral (Other than M.D.)	08		
Technical/Hospital School	09		
Some College	03		
High School Graduate	02		
Some High School	01		
Other _____	10		

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003).

Registration Fee: \$25.00

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Card Number: _____

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Cardholder's Signature: _____

Date: _____

Amount of Payment: _____

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